

SOLITE

Lightweight Product +
Heavyweight Performance

MAIN OFFICE:

3900 Shannon Street
Chesapeake, VA 23324
Toll Free (800) 564-7300
Main Number (757) 494-5200
FAX (757) 545-3793

LOCATION OFFICE:

11045 Bridgeport Road
P.O. Box 68
Arvon, VA 23004
Main Number (434) 581-3328
FAX (434) 581-1106

August 19, 2011

**VIA UPS
Next Day Delivery**

Director
Air Protection Division
1650 Arch Street
Philadelphia, PA 19103

**Re: Allied Concrete Products, LLC
(Title V Air Permit No. VA-30200)
Stationary Reciprocating Internal Combustion Engine (RICE) MACT
Initial Notification of Applicability**

Dear Sir/Madam:

Allied Concrete Products, LLC is providing the attached initial notification of applicability for internal combustion engines that may be subject to the RICE MACT standards at 40 CFR Part 63, Subpart ZZZZ.

If you have any questions or require additional information, please contact Michael Deyo at 804-562-3725.

Sincerely,



Suddith D. Wharam
Operations Manager

cc: Michael Deyo, Allied Concrete Products, LLC

**RECEIVED
AUG 29 2011
3AP30**

Attachment 1

Allied Concrete Products, LLC
Notification of Initial Applicability
40 CFR Part 63, Subpart ZZZZ

Initial Notification of Applicability

National Emission Standards for Hazardous Air Pollutants:
Stationary Reciprocating Internal Combustion Engines
40 CFR Part 63 Subpart ZZZZ

☒ Yes, I am subject to 40 CFR Part 63 subpart ZZZZ National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines.

NAICS code(s): 212399

Compliance Date: ☒ Existing source: May 3, 2013 ☐ New/reconstructed source: upon initial startup

Note: The May 3, 2013 compliance date for existing sources applies to the following engine types:

- Existing non-emergency CI stationary RICE with a site rating of more than 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE located at an area source of HAP emissions

Company name: Allied Concrete Products, LLC

Facility name (if different): _____

Facility (physical location) address: 11049 Bridgeport Rd., Arvon, VA 23004

My facility is a (please choose one): ☒ Major source ☐ Area source
☐ Synthetic minor

Owner name/title: Solite, LLC

Owner/company address: 11049 Bridgeport Rd., Arvon, VA 23004

Owner telephone number: 434-581-3328

Owner email address (if available): dwharam@solitelc.com

If the Operator information is different from the Owner, please provide the following:

Operator name/title: _____

Operator telephone number: _____

Operator email address (if available): _____

I hereby certify that the information presented herein is correct to the best of my knowledge.

Suddith D. Wharam
(Signature)

8/19/11
(Date)

Suddith D. Wharam
(Name/title)

(434) 581-3328
(Telephone No.)